

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/817,555 Confirmation No. 4892
Applicant : Vaughan, George Alan.
Filed : 04/02/2004
Art Unit : 1713
Examiner : Rabago, Roberto

Docket No. : 2001U004.US-CON
Customer No. : 25959

Date : April 4, 2005

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of March 10, 2005, please consider the following remarks, and amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- **Remarks** begin on page 5 of this paper.

Univation Technologies, LLC 5555 San Felipe, 19th Floor, Houston, Texas 77056 United States of America

Univation
TECHNOLOGIES

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Date: **Friday, April 04, 2005**

Number of pages including cover sheet: **10**

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Attn: **Group 1713/Examiner Rabago**

Telephone: (571) 272-1109

Facsimile (703) 872-9306

FROM: KEVIN M. FAULKNER

Univation Technologies, LLC

5555 San Felipe Road, Suite 1950

Houston, Texas 77056

Telephone (713) 892-3729

Facsimile (713) 892-3687

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

RE: **U.S.S.N.: 10/817,555**
Filing Date: 04/02/2004
Attorney Docket No.: 2001U004.US-CON

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, consisting of a Response to an Office Action mailed 03/10/2005, (5 pages), a Terminal Disclaimer and a Fee Transmittal in duplicate are being facsimile transmitted to the United States Patent and Trademark Office, to facsimile number (703) 872-9306, Attn: Examiner Roberto Rabago, on Friday, April 04, 2005.

Date

4/4/05


Kevin M. Faulkner
Registration No. 45,427

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 11/817,555 |
| Filing Date | 04/02/2004 |
| First Named Inventor | Vaughan, George Alan |
| Examiner Name | Rabago, Roberto |
| Art Unit | 1713 |
| Attorney Docket No. | 2001U004.US-CON |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0589 Deposit Account Name: Univation Technologies, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = _____ | x _____ | = _____ |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| - 3 or HP = _____ | x _____ | = _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | |
| Multiple Dependent Claims | | |
| Fee (\$) | Fee Paid (\$) | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal disclaimer**Fees Paid (\$)**

130.00

SUBMITTED BY

| | | |
|-------------------------------------|--|--------------------------|
| Signature | Registration No. (Attorney/Agent) 45,427 | Telephone (713) 892-3729 |
| Name (Print/Type) Kevin M. Faulkner | | Date April 4, 2005 |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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PTO/SB/17 (12-04v2)

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2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|--------------|---|---|--|
| - 20 or HP = | x | = | |
|--------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|-------------|---|---|--|
| - 3 or HP = | x | = | |
|-------------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

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|--------------|--------------|--|----------|---------------|

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|---------|--------|--------------------------------|---|--|

4. OTHER FEE(S)

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Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal disclaimer

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| Name (Print/Type) Kevin M. Faulkner | Date April 4, 2005 | |

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